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[The Editors do not hold themselves responsible for the sentiments of contributors. ED.

THE OUTSTANDING INDEBTEDNESS to the JOURNAL has accumulated to a considerable sum, which should now be promptly settled. To this end we have inclosed in this December number some statements of indebtedness which we trust will be promptly remitted to Wm. S. Edgar, M. D., former proprietor, at No. 1217 Pine street, St. Louis, Mo.

E.

THE SAINT LOUIS

Medical and Surgical Journal.

DECEMBER, 1877.

Original Communications.

THE RELATIONS OF THE MEDICAL PROFESSION TO THE MEDICAL SCHOOLS.

By WILLIAM S. EDGAR, M. D.

[At Alton before the Madison County Medical Society.]

Mr. President:—I am invited to speak of the relations of the Medical Profession to Medical Schools. To understand more perfectly the relations existing at the present time, it seems necessary to go back in the history of medical schools, and note some of the changes that have taken place in their organization and management since the first were established on this continent. The first schools were founded strictly in the interest of the profession and people; hence the relations between them were perfectly harmonious. Under their charters the trustees were the active and acting agents for the college; appointed the professors and directed the affairs of the college generally.

A portion of this body of trustees were physicians.

The men selected to fill the various chairs, had already attained to eminence in the practice of medicine or surgery; men of high moral and social standing; such men held their chairs by common consent, and being true to the interest of the profession, would see that no improper or unworthy person entered the profession. If a student had not enjoyed the benefit of a full college course of studies, he could only receive the degree of *Bachelor* of medicine with license to practice.

The profession could well afford to endorse a medical school thus conducted. *Then*, the trustees selected the men whose reputation would make the school; *now*, the school is expected to make the man; trustees being more to comply with form than for use.

During the period of the Revolutionary War, the demand for physicians was increased, hence it stimulated their education in this country, and, immediately after the war, the immigration was great and spread over an extended frontier, calling for a large relative number of physicians. On the early settlement of Ohio and Kentucky, schools were opened at Cincinnati, Louisville and Lexington, Ky., and finally as the tide set westward, at St. Louis and Chicago. This multiplication of schools soon created a large *surplus of doctors;* and many who had families to support were noticed to fall out of the ranks of the profession to adopt some calling which would yield a more certain support.

The political and financial excitements which occurred immediately prior to the late war, were so intense that but slight attention was given to other matters; true the bad work of many of the schools had not escaped the attention of the American Medical Association, and improvement through a convention of the school men had been attempted, but without success. As we neared the war, such a blaze of excitement sprang up from the prospective political and financial ruin of the country, (much of the currency being based on State bonds which

became worthless as one State after another separated from the Union) That the schools closed or had small classes.

On the organization of armies which followed, a new demand for doctors was created, and from twenty to thirty thousand of the surplus found employment in the armies. On the close of the war the enlisted men who had been detailed as hospital stewards nearly all entered the colleges and were soon licensed physicians.

Between low fees for tickets and no particular amount of education required, nothing prevented a lad from entering the profession who happened to take the freak in his head. Now while the nation is returning to sober, sensible habits in other matters, it would seem incumbent on the members of the medical profession to do all in their power to restore harmony and good relations between the profession and schools by requiring *the schools* to do better work. As many as do not see fit to adopt something like the course Harvard University has, should be overlooked by a State Board of Examiners.

Under the present practice the breach between the profession and schools is widening daily, and the profession can never go to the schools, the schools must adopt the requirements of the profession, which are a better preliminary education, and a longer period of study in the medical college. The school men command the entrance into the profession, they say who may enter and who not; if unworthy persons enter they are responsible Of the three thousand a year who crowd these heretofore narrow ways, a certain small proportion are men of culture, of brain and industry, who soon pass to the front and become conspicuous as authors and teachers, men of genious ever inventing new appliances and projecting improved methods of operating, such men learn in any school, or without any school.

We have another class of men, who come from the schools, who are business men in the profession, industrious, ambitious men, visit many patients in a day, (if

they can get them to visit,) they pursue medicine as a business. A third class which includes nearly one-half of the whole number, would be ruled out by a committee of examination before matriculation, and thus save the profession and community the disgrace and damage from their incompetency.* Hence it will be perceived that the great political changes and revolutions we, as a nation, have passed through, have had a decided influence on this subject, creating a demand for more physicians at one time and less at another. Since the close of the war the increase has been very rapid, causing doubtless a greater surples of physicians than we have ever had before, but of lower grade, having been hurried through the schools in eighteen or twenty months (in some schools half that time); therefore the present is regarded as a propitious time to institute such reforms in education as are deemed wise and needful, even should it reduce the number of graduates one half, now being added to our stock yearly. We repeat friendly relations can never exist between the profession and the schools until they adopt a longer period of tuition in the schools, and a higher standard to enter.

Harvard and Pennsylvania Universities have adopted a three term course, also Michigan and possibly some others. Doubtless this course will prove satisfactory to the profession, and, in so far as the schools adopt it, or something equivalent to it, they will retain the confidence and patronage of the profession.

But there will doubtless be a large number of schools that will not comply. Being organized in the interest of certain individuals caring little for the interest of the profession or people, they are likely to continue as they are until broken down by the effect of legislation, for nothing short of the strong arm of the law can effect anything with this class. A State Board of Examinors might reveal their defective work, and refusing their graduates license to practice might have the effect to wind them up ultimately.

* It is this class that furnishes the "specimen-copy-man," also the men who fall behind in their subscription and move their residence without notice to the publisher.

Not a few physicians say the prosperity of these schools is the curse of the profession, and the conviction is well nigh universal, that radical changes on the part of the schools, generally, must take place before an identity of interest can be again established. To assist a young man to a better genaerl education, is a good—to assist him to a medical education, may be a curse, particularly if there is already a surplus of doctors, as it dooms him often to disappointment and poverty. Medical schools to render medical education *cheap, quick and easy*, are only valuable as advertising media for their several teachers, which, indeed, is the most objectionable dodge, (to the professional prohibition to advertise,) because by circumventing the rule in this way the profession is injured by the admission of incompetent persons to their ranks as well as the rule violated. One practical way to support the schools that adopt the "new departure," is to have a *Board of State Examiners*, who may rule out the cheap doctors and discriminate in favor of the more thorough training. Without the State Board the three-term schools may not hold their ground, surrounded by cheap schools as they will be, hence the war would be between the law and the cheap schools.

It was customary formerly in the parting address to graduates for the professor to say "your profession may not give you a ready fortune, but a good living," which latter cannot longer be said, for it does not yield a good living to onehalf of those engaged in practice ; to-day it is only bythe practice of the strictest economy that the majority are able to live within their incomes. The time has come when the truth should be plainly spoken, however unpleasant it may be, or distasteful to those whose interest lies in making more doctors.

Gentlemen engaged in the schools may not know that the market for medical services, like that for many other interests, has been depressed by the "over production" of

a poor material; of course what is needed is to reduce the amount produced and improve the quality; in accomplishing this some one is likely to get hurt; those whose capital consists of professional reputation derived from their connection with the schools, (as is the case of many,) must loose with the downfall of the school.

Of the over production there can be but little doubt, when European States, with about our population, only add 500 physicians yearly to their stock, while the United States adds over 3,000. Granting a difference in population to the square mile, still our figures are greatly too high; that the quality is poor, is equally demonstrable by various well known facts. 1st. Not one student in twenty, (so estimated by those who have the means of knowing,) has had the benefit of a college course; not one in ten has sufficient English education to enter our high schools; the blunders they commit in diagnosis and in prescribing also testify against them.

The practice being broken up into specialties in the large towns and cities, the principle incentive to organize medical schools is that every medical student becomes an agent for the teachers in his school; hence the more students the more "drummers" in the community where the college is located; this is the modern royal way to distinction and reputation in our profession. The pay for the labor of teaching is received in the office from patients, for after deducting expenses, little is realized from the school.

If *one* medical college can be founded and run by a few gentlemen who come together, procure a charter and cast lots for the division of the chairs, why not a second and possibly a third, if successful in the lively competition for students? for there must be a show of a class to keep up the organization. Under such circumstances it is not to be supposed that either school will inspect very closely the qualifications of their students, particularly such as are able to pay for their tickets.

Somewhat in this way medical schools have been organized all over the land, and during the last ten years they have flooded the country with inferior doctors, while thousands of young men have been duped into becoming mere stepping-stones to help selfish ambitious men up above their neighbors who are doomed to struggle to get bread, it is not to make a fortune, but simply to get the necessaries of life, between the college free clinics, public dispensaries, free out-patients at hospitals, the free clinics specialists attend to advertise themselves, nearly all the people are provided with medical attendance free.

The Philadelphia medical charity reaches about 175,000 cases a year. ("Times Nov. 10th.) Near one fourth of the entire population, and certainly more than half of the cases of sickness; and the like state of things exists in all of our cities where their are medical schools, a wide field being thus gleaned for interesting cases to exhibit to medical classes.

If a family employs a physician, he finds his field exceedingly limited, between the throat and chest doctor, the eye and ear doctor, one or two snapping and faith doctors, (for "headaches and nervous prostration,") and the pile doctor, leaves, as Dr. Barnes observed, only the umbilical region unappropriated for the family physician.

A few days ago a case occurred near me in the city, which illustrates how much of the doctoring is being done now-a-days. First a stranger (young graduate) is called to see a sick child at the instance of a friend, he makes light of the case as one of catarrh, and prescribes for two or three days, the child gets no better, and the friends are advised to send for another doctor, who pronounces it a case of diphtheria; counsel are called, who confirm the diagnosis; they prescribe two or three days, when a friend of the family recommends a specialist for diseases of the throat, to be called; the doctors in attend-

are dismissed, and the specialist comes in and treats the case three or four days, when the little fellow is released by death. Thus the wise and time honored custom of the *family physician* has become a thing of the past.

Many of the physicians who enjoyed a living practice a few years ago, are now compelled to part with the *horse* first; and next the *house* which had been purchased and paid for in the better days of the profession, to be mortgaged and finally sold since it has become impossible to make a living by straight, honest work, with two or three doctors on every block in all directions. And still the schools beat up for recruits and receive all who offer, whether feeders of swine or friends of culture.

How utterly absurd and farcical to attempt to teach men the science of medicine, who have no education, yet while there is no examination at matriculation, a large portion of those who enter the medical colleges will be wanting in education, hence will ultimately disgrace the profession.

Many of the men engaged in teaching in these loosely conducted schools must be acknowledged to be among the first men in the profession, but they are all in favor of the students taking more time in his preparatory studies, as well as three courses in the medical college. The question with these men of conscience is, how to get at it without breaking down the school utterly. We trust the time is not distant when every school that does not adopt the graded system of *three full terms*, and require of matriculants about the curriculum of studies adopted at Harvard University, will be compelled to close their doors for want of students, as the number licensed to practice under the present loose system so far exceeds the wants of the country, that the question of *bread* is becoming more serious every year, not alone to the young graduate, but to physicians of many years practice, who find themselves picked bare by the new recruits that come yearly to search every possible location where bare existence may be obtained.

We have stated that the medical student of this time requires a better education by far to pursue successfully the present course of studies adopted by the schools, than he did forty years ago when there was less to learn and that, less encumbered with technicalities; but instead of the better education, we have come to take lads from the streets or farms, without training to business or books, too indolent to study or work, and after listening to a course or two of lectures which they do not understand, they are proclaimed doctors and turned loose upon the community to lower the grade of professional standing, somewhat as stocks are rendered worthless by "watering," as it is financially expressed.

How can a physician cherish respect for his *Alma Mater* while she is a party to so diabolical a practice? Thus comes to pass the alienation of the profession from the schools which we devoutly hope may prove the beginning of their improvement or downfall; we rejoice in the few honorable exceptions to the above rule, schools that have revived the practice of the fathers in requiring a preliminary examination to matriculation, also have adopted a graded course of studies lasting three years, *e.g.*

The University of Pennsylvania.—It augurs well for the future of medical education that the profession has unmistakably shown its sympathy with those schools which have honestly endeavored to raise the standard. The last effort, that of the University of Pennsylvania, an outline of which we traced in our June number, has met with a cordial response. Contrary to the expectations of the University authorities, the class has not undergone any temporary reduction, and about 140 new students have matriculated for the three years' course.

We are glad to learn, that, since the changes in the curriculum have been made, the Chair of Surgery has been endowed with fifty thousand dollars; and that the guarantee fund, of about seventy thousand dollars, which was raised to protect the school against the supposed

loss of income consequent upon the expected reduction in size of the class, being not needed for this purpose, will be passed over to the general endowment fund of the Medical Department."—*Medical Nems.*

We wait impatiently to see what school or schools in the West will take the initiative, abandoning all cowardly policies and appealing to the better men of the profession for their support in the great reformation; a thing that can't be done by piecemeal; to make it partial or optional is of little good; the school that first fully and boldly passes to the front—in the West—in this reform,cannot fail of the sympathy and support of the better part of the profession, and to be as agreeably disappointed as was the University of Pennslyvania.

While the better schools and better men will all finally adopt this course, it is probable a large number of schools will not change their present system, notwithstanding the pressure which may be brought to bear on them by the requirements of the organization of school men now being attempted; men are slow to volunteer or be driven into reforms which involve them in pecuniary sacrifices.

The only remedy the profession has for the schools that persist in their present practice is to have a State Board of Examiners to confer the license to practice. Then if their students, or rather graduates, fail to pass a satisfactory examination to deny them the license, when the reaction on these schools may ultimately break them down.

The difficulty of legislation arises from the fact that a law to be effective would cripple the existing schools by reducing their members and holding them longer in school; a law that don't do that, effects no good, while a majority of school men are opposed to any legislation, and to carry it the profession must move in its favor unitedly as one man.

Those who oppose legislation fail to show us a better way; for a long time the medical diploma was satisfactory

evidence of competency; that time is passed; it cannot longer be trusted; hence we must have a substitute; we must have some means of ascertaining if a trip over the *short cheap line* is all that is needed to make a full fledged doctor; and what possible way to ascertain but to examine them? We know they cannot be competent in view of the vast number of subjects to be studied, and we know it from our observation of much of their practice in the commonest cases of accident or disease; for we have them to carry and cover their errors, because they have been proclaimed by the highest authority in the profession to be doctors, and they hold the same license that is common to the physician.

Practically the incompetence, and we may say stupidity, is presented thus: A man gets a severe blow on the side of his head, by which the lower jaw is broken in three pieces, the young doctor being convenient, is called in and prescribes *20 grains of calomel*, thinking his patient should have a purgative to wake up his consciousness; of course the patient was intensely salivated which greatly embarrassed the treatment of the fractures, which must not be intimated to the friends of the injured man. A few days ago we were shown a prescription for four gr. doses of Dover powder for an infant six months old, by one of our patent right M. D's. Nearly every week some blunder of this kind comes to our knowledge, to be *covered up* as best we can. We make a great ado about quack medicines and quack doctors, whose irregularities, after all, might compare favorably with many of those committed by the mushroom doctors of our day. If doubt still existed on this subject, examination of a hundred or two of their letters we think would satisfy the most skeptical as to their want of scholarship.

We have little doubt that more mischief will soon be done the sick by the *short-route doctors* in the regular profession, than by the irregulars unless a change is speedily effected. Hence the necessity to establish some

other means of discriminating between physicians and those falsely so-called.

Let the profession organize and petition the Legislatures of every State to establish State Boards of Examiners, when the profession will soon regain its former high standing and again fulfill the sacred trust confided to it by the exigencies of human existence.

CONGENITAL PHIMOSIS WITH ADHERENT PREPUCE.

By E. C. LEMEN, M D.

[Read before the Madison County Medical Society.]

That phimosis may become a source of many inconveniences as well as contribute to the production of organic diseases, as balinitis, cystitis, and irritation if not inflammation of the kidneys, has been fully dwelt on by authors and lecturers, as well as established by the observation of all regular physicians.

But the object of the present essay is to call the minds of the members of the society to a condition which I am certain often follows the above pathological conditions as a natural sequence. And which I believe might be, and doubtless has been, in many instances referred to other causes, much to the detriment of the patient, if not ultimately to the chagrin of the physician. We propose to consider phimosis with adherent prepuce as a factor in the production of *spinal irritation, or spinal anæmia*; which may or may not result in reflex spasm, or reflex paralysis.

It is an universally admitted physiological fact that a peripheral irritation in any part of the body, if long continued may result in either reflex spasms or reflex

paralysis. The honor of first directing the attention of the medical profession to a condition of semi-paralys, is as well as the loss of the power of co-ordination of muscular action from the above causes, is due to Professor Sayer, of New York City, in a clinical lecture delivered Oct. 14, 1870.

Previous to this time no author or lecturer on either diseases of the nervous system, or genito-uniary organs, had so much as made reference to the above results as dependent upon, or in consequence of the pathological conditions under consideration.

The source of irritation in the cases is to be found in the retention and deposit of the sebaceous excretion of the corona glandis, the liquid portion being absorbed, the calcarions portion remaining as a hard ring or concretion. The result of a series of cases presented to and treatedby Professor Sayre will illustrate.

In which many or all of the following symptoms and conditions were present: Extreme restlessness, wakefulness, night terrors, priapism, urinary troubles, inability to speak correctly, unsteady gait, tumbling down, loss of power of co-ordination, spasmodic action, and finally *paralysis*.

A synopsis of two of his cases will suffice to illustrate.

Case No. 1. Aged four years, had never walked or talked; face idiotic, convulsive movements of both upper and lower extremities, lower extremities rigid, tendo Achillis contracted as in talipes equinus; prepuce elongated and adherent. Operated and removed hard ring of smegma from corona.

A few weeks later patient talked, walked, slept well and fed himself as a child of his age usually does.

Case No. 4. History as given by patient's father. Patient three years old, very restless at night, had never

slept two consecutive hours at night, and then on his hands and knees, irritable, peevish and vicious, tottering and unsteady in walking, &c.

By request of friends he had consulted Prof. Sayer, who on examination felt along the spine; and by pressure at a certain point, spasmodic movements of the child's limbs occurred. Examined prepuce, retracted foreskin. Operated by splitting foreskin and removing something which looked like a sliver of bone. Ten days after operation, patient began to eat and sleep well, and is becoming so docile that we hope in a short time he will act like a white man's child. Prof. Sayer then said "there is some discussion as to whether reflex irritation and paralysis can be produced by the above conditions; but that a score of like cases operated on by him and recovering perfectly without further treatment, is conclusive evidence."

Drs. Beardsly and Hall have reported a number of cases in every respect similar to those of Dr. Sayer,. both in course of history of cases and results of operations

One of Dr. Beardsly's cases will suffice to illustrate.

Patient seven years old, with complete paralysis of lower extremities of two months duration; convulsive movements preceeding paralysis.

Adherent prep uce with signs of recent inflammation. Circumcised and turned out from beneath the prepuce a pent up deposit of sebaceous matter. The patient rapidly recovered without further treatment. I am able to offer three cases quite similar to the above; in all of which there existed phimosis and adherent prepuce.

The cases all presented the following history; capricious appetite, imperfect nutrition, irritable temper priapism,insomnia unsteady gait; semi-choreic, or partial loss of power of coordination slight epileptiform convulsions but no paralysis. But doubtless had the cases been neglected and the cause of irritation remained, the next

step in the pathological action would have been *paralysis.*

I was induced to operate by having read the results of the cases of Drs. Sayre, Beardslay and Hall, who operated upon all and in each case found phimosis and adherent prepuce together with the hard ring of smigma at corona; the results perfectly charming in each case; in a few days after operation, all of the unpleasant symptoms above enumerated vanished as would a mist before the morning sun.

Another effect of phimosis either direct or indirect; is the formation of stone in the urethra or bladder; (and especially of the phosphatic calculi.)

I have met with four cases of stone in the bladder and one case of urethral calculus with fistula urethræ, in the past fifteen months; and in all phimosis existed.

In consequence of the contracted preputial orifice it is necessary for the patient to make use of an unusual amount of force to expect the urine.

Consequently the bladder is never entirely or completely emptied at the time of urinating. The retained urine becomes decomposed and ammoniacal, cystitis is developed, the salts of the urine—especially the phosphates—are precipitate resulting in the formation of stone.

Dr. Packard of Philidelphia says many of the symptoms of stone in the bladder may be produced by phimosis alone.

Twice in twelve months had he operated for phimosis in which the only symptom absent was hematuriæ. All trouble disappeared after operation.

Statistics prove that in half the cases of male children the glands penis can not be exposed, the prepuce being too long or narrow. It may be true though that in many of these cases nature is capable of removing to a very great extent the trouble before the patient attains the age of puberty. Still the fact remains to be met, that

many cases would have been benefited by an erly operative interference.

I would therefore submit the suggestion ; that it is the duty of Physicians to examine male children who may be under their professional care, and operate upon the same when in their opinion it would be for the best interest of the patient.

And especially should they present uniary trouble ; or mal nutrition with vague nurotic symptoms ; for as is well known a slight peripheral irritation may result if long continued in serious functional disturbance.

HERNIA—CASES.

By H. H. MUDD, M. D.,

(Read At the St. Louis Medical Society.)

MR. PRESIDENT :—I have taken from our case book the history of two cases of Diaphragmatic Hernia, one of ventral hernia and one of strangulated scrotal hernia. They present some points of interest and if permitted I will relate them.

Wm. B. aged 38 years, a healthy robust Irishman was injured April 1st, 1877. I made Post-mortem examination for coroner Auler on April 8th at 5 P.M. sixteen hours after death. I did not see the patient prior to his death.

There was no emaciation—his neck and back were discolored by suggillation. The abdomen was distended and tympanitic.

An external cut situated three inches in front of the angle of the left scapula was 3-4 inches long. The line of the incision extended obliqually downwards and forwards and was opposite the sixth rib. Further examination revealed the fact that the knife passed through

the serratus maximus—penetrated the thorox at the sixth intercostal space making a wound at this point one inch long.

It then perforated the upper margin of the lower lobe of the left lung an inch from its anterior border—and passed through the muscular portion of the left leaflet of the diaphragm making an opening two and a half inches long while the cut in the collapsed lung measured only 3-4 of an inch in length.

An abscess cavity which formed under the serratus magnus had free communication with the external wound but none with the thorax.

Examination of the abdominal cavity revealed the intestines greatly distended by gas, somewhat congested but not adherent, and about twelve oz. of sero-sanguinolent pus.

Section of the right thorax showed its right cavity with contents healthy.

The Pericardium and heart healthy, but the auricles and ventricles were fully distended by gas.

The left lung was collapsed, pushed upwards and adherent to the upper part of the thoracic parietes—to the vertebral column and to the mediastinal wall and was surrounded by about twenty oz. of bloody serum. The lower portion of this cavity was occupied by the omentum and twelve or fourteen inches of the transverse colon which was distended by gas and adherent to the costal pleura—to the diaphragm and to the pericardium. It extended as high as the fourth rib and closed the wound in the sixth intercostal space.

Case II.—Elvira Smith, colored, aged 25 years entered the City Hospital May 27th 1876, at 4 P. M. I saw her a few minutes later and upon examination found a penetrating wound in the eighth intercostal space of the left thorax three or four inches in front of the angle of the rib. A knuckle of the small intestine protruded through the opening. Upon consultation with Dr. Dean, Resident

Physician it was deemed advisable to reduce the hernia and the loop of intestine was pushed into the cavity of the chest. The finger following, the loop was then pushed through the wound in the diaphragm into the abdominal cavity.

It did not again recur but when the finger was withdrawn a gush of blood followed—flowed freely a moment and then ceased. The blood had evidently been effused into the thorax, and escaped when the opening was free. The woman was then in collapse and died the same evening.

Here the extent of injury and difinite source of the hæmorrhage could not be ascertained.

Case III.—Patsey Cooper aged 25 years, a colored woman admitted to the City Hospital at 5 P. M., June 7th 187-, stated that she had received a cut in the abdomen during the afternoon but that she had chased her assailant a square after being injured.

On June 9th forty-eight hours after entering the Hospital, Dr. Homan asked me to see her.

The patient had been vomiting for thirty six hours. The abdomen was moderately distended and quite sensitive and the Doctor had suspected a hernia.

Upon examination I found a cut three eighths of an inch long, situated three inches to the inside of the ant. sup. spine of the left ilium.

The edges of the cut were agglutinated and the skin was not inflammed, but beneath the wound a hard round tumor presented itself—evidently situated in the subcutaneous cellular tissue.

The history and the general conditon of the patient indicated hernia and it was determined to expose the tumor. I tore open the original wound—passed my finger into the cut and with the scissors enlarged the wound. Two fingers were now passed into the cut—the adhesions were broken and after some difficulty the loop of intes-

tine was returned to the abdominal cavity. The slit in the aponeuroses of the abdominal muscles was parallel to the fibres of the external oblique and at least double the length of the one in the skin but the intestine when once replaced did not again protrude.

The subcutaneous cavity occupied by the hernia was now obliterated by the slight pressure of a simple compress, held in position by a body bandage.

The external wound was not closed because free drainage was desired. This wound suppurated freely for a week or ten days then gradually closed.

The patient was at once put under the influence of morphine. The tympanites and tenderness increased for a few days but in a week she was convalescent and on the 20th she had a free natural—faeculent operation.

During her convalescence she had pleurisy of the right thorax with extensive effusion, the dullness upon percussion being complete and perfect over the entire right chest. This it was supposed had been excited by a punctured wound of right chest. She recovered and was discharged well August 31st, 1875.

Case IV.—September 23d, 1877, I was called by Dr. Bosse to see a man aged forty years, who had strangulated scrotal hernia. The man had been in the habit of wearing a truss and of reducing the hernia when it protruded. At 3 P. M., of the 22d eighteen hours prior to our visit the hernia protruded and could not be reduced. Dr. Bosse was sent for and failing to reduce it he ordered cold applications and anodynes.

The tumor was large elastic not very tense or hard except at the neck. Here it was tense and unyielding. The body of the tumor was too mobile for omentum and the neck too hard for intestine. The patient was anæsthetized and taxis used but to no purpose.

The patient had had frequent desire to evacuate his bowels but at each effort passed but little faeculent matter and occasionally some blood. He had been vomiting

had suffered greatly with pain and it was deemed prudent to operate without further delay.

Upon reaching the sac the constriction was found to be at the external abdominal ring, and was very marked.

The ring was enlarged and an effort made to reduce without opening the sac. Failing in this, the sac was freely opened and the contents exposed. The bulk of the tumor was composed of twelve or fourteen inches of the colon, but there was also present a small piece of omentum and a knuckle of the small intestine. The hernia was now reduced but the sac being adherent was allowed to remain out.

The patient has not since the operation had any evidence of peritonitis but had slight erysipelatous inflammation about the wound and scrotum—followed by suppurative inflammation of the cellular tissue of the scrotum. He also had an attack of delirium tremens.

These cases present features which are somewhat unique.

In two of the cases we have penetrating wounds of the thorax, passing also into the abdomen through the diaphragm. In one of these the small intestine passed through the diaphragm and protruded at the wound in the thorax.

In the other we have the transverse colon and the great omentum passing into the left thorax and filling the lower half of its cavity—or that portion below a line starting from the fourth costal cartilage, and passing backward over the thoracic wall with an obliquity less than that of the ribs. The colon was distended with gas. There was a plastic inflammation of the peritoneal surface of the intestine within the thorax, but only congestion of that portion remaining in the abdominal cavity. The border of the plastic inflammation was clearly marked and sharply defined by the diaphragm. The collapse of the lung probably limited the hæmorrhage from the incision of its substance.

The cut in the muscular movable diaphragm was more than double the length of that in the more fixed thoracic wall. The influence of muscular action on the length of the incision was also illustrated in the case of ventral hernia.

In the case of ventral hernia, we have the wound in the skin healing quickly. Two days after injury the hernia was discovered. The wound over the thorax healed kindly, but we had pleurisy resulting from a wound which was not observed until examination of the thorax for supposed pleuritic disease. This shows the importance of examining carefully punctured wounds, and our inability to determine their extent from the signs or symptoms.

Mr. George Pollock, in an article on "Injuries of the Abdomen," dismisses the cases of diaphragmatic hernia with the sentence, "We cannot hope to close the aperture (diaphragmatic) by any measures which science or mechanical surgery would justify, and, therefore, could we most accurately detect the existence of a protrusion of viscera through the aperture, it were vain to attempt its reduction with any prospect of benefit to the patient or credit to ourselves."

Is this judgment correct and final? I think not.

If the desperate chances now taken by surgeons in the removal of abdominal tumors be justified, I cannot help but think that operative interference for the reduction of the diaphragmatic hernia of the colon here related and an effort to close the wound in the diaphragm would have been justified. The patient lived seven days after the injury, and the hernia had in part, no doubt, been present since injury.

The line of demarcation in the colon, made by the thin wall of the diaphragm, sharply defining the stage of congestion upon one side, and that of plastic effusion on the other, is one which I believe might be frequently observed in strangulated hernia, and shows very clearly

that the peritonitis is in its earlier stages, strictly local and points plainly to the propriety of early operative interference.

Internal hæmorrhage probably hastened the death and was instrumental in producing the marked collapse which terminated the second case of diaphragmatic hernia.

I once saw in the City Hospital a patient die of internal hæmorrhage, the result of a penetrating wound of the abdomen. Here, too, I think the extended experience of the last few years in operations on the abdominal cavity, would demand prompt search for bleeding vessels from penetrating wounds where the hemorrhage was marked and the collapse sudden, indicating the involvement of a large vessel, one too large to be controlled by the natural hæmostatics.

The case of scrotal hernia is interesting, because of the rare protrusion of the colon, and indicates very forcibly the uncertainties which attend operations on hernial protrusions. Herniotomy is one of the most uncertain operations, and is in itself an operation which requires care and judgment, but the many widely differing conditions of the contents of the sac, of the sac itself, and of the tissues about the neck and the sac, and the uncertainty of the point of constriction demand the most acute observation. New conditions are ever developing, and the tact and judgment of the surgeon is often put to the severe test of meeting unexpected complications.

In this case of inguinal hernia, the strangulation had existed only eighteen hours, and I think the amount of constriction, the character of the contents combined with their engorgement indicated very clearly the impossibility of reducing the hernia by taxis. Longer delay in operating certainly would have very much increased the chances for fatal peritonitis, for in the sac of the hernia was found some bloody serum, and the intestine was tumid and dark.

Gangrene of the gut and inflammation of the sac were here impending and would have soon urged even the most ardent advocate of taxis to operative interference. I believe it is better to operate occasionally on incarcerated irreducible hernias than to delay the reduction of strangulated hernia until inflammation of the sac and gangrene of the gut is imminent. Here also was a case in which the extra peritoneal operation was not available because of the varied and unusual contents of the hernia. It certainly apears that where admissable the operation for reduction is best performed without opening the sac, but it must be remembered that there are many exceptions to this rule. If we could be assured of the condition of the contents of the sac, and know without opening the peritoneum that they were in proper condition to return to the abdominal cavity, and that the constriction was certainly relieved, then the extra peritoneal operation would always be the safest procedure. But with these uncertainties, I think it will be the exception to operate without opening the hernial sac.

INFANTILE CONVULSIONS.

By E. MONTGOMERY, M. D.

Can the Mortality be Lessened?

[Read Before the St. Louis Medical Society.]

The disease denominated convulsions or eclampsia is very prevalent among children under ten years of age; and although a great majority of the cases are amenable to proper treatment, the mortality is quite large.

Dr. Homan, of the Health Office, informs me that within the past three years there have been 1404 deaths registered in this city from Infantile Convulsions.

Drs. Meigs and Pepper, in their excellent work on Diseases of Children, state that in the two years of 1873 and 1874 there were 1392 deaths from this disease in the city of Philadelphia.

Dr. West, in his treatise on the Diseases of Children, tells us that convulsions are so frequent in early life that they are computed to occasion 73.3 per cent of all deaths which take place during the first year of existence from diseases of the nervous system.

The anatomical arrangement and condition of the brain in infancy, its great susceptibility to irritation, inflammation, congestion and structural lesion, the preponderance of the spinal over the cerebral system, all tend to make convulsions of frequent occurrence in early life. The disturbance of the spinal system which ushers in fever in the adult, shows itself by shivering; whilst in the child the same disturbance often manifests itself by convulsions.

Another reason for the great frequency of infantile convulsions is, that they are excited by so many diseased conditions of the system.

The idiopathic, or essential convulsions, are caused by violent mental emotions, intense pain, exposure to extreme cold or heat, the exposure of the uncovered head to the hot sun, &c.

The symptomatic forms are those connected with evident disease of the cerebro-spinal axis, such as apoplexy, hydrocephalus, cerebro-spinal meningitis, cerebral anæmia or congestion, tuberculosis, &c. Whist the sympathetic convulsions may be caused by almost any of the diseases of childhood, as hooping cough, pneumonia, catarrhal fever, scarlet fever, measles, indigestion, teething, worms, the early retrocession of a cutaneous eruption, the sudden drying up of a suppurating

scalp, &c. The causes being so numerous and varied, it is difficult to find out definitely and distinctly the true nature and etiology of each individual case; and yet this is a *sine qua non* to a successful treatment. *To possess any just hope or rational expectation of arresting the disease, we must have a clear conception of the cause or causes on which the case depends.* By having a perfect understanding of the etiology, we have a safe guide to treatment, and the routine course applied to every case will give place to a more rational and scientific application of remedies adapted to the exigencies of each particular form of the disease.

Many of the sympathetic cases, although apparently dangerous and appalling, are yet very amenable to prompt and judicious treatment. Many such depend on anginose and catarrhal inflammations, fevers, dentitions, the presence of indigestible or crude matter in the alimentary canal. In some of these cases the spasms may be very frequent and violent, the muscular contortions severe, the countenance livid, foaming at the mouth, &c., and yet an emetic, a hot bath, a cathartic of calomel and julap, an assafœtida injection, a few doses of the bromide of potassum and tincture of green hellebore, or scarrifying the gums will suffice to arrest the paroxysms and restore the patient. But when we see a case where there has been grave indisposition for some time before the accession of the spasms, when there is vomiting with diarrhœa or constipation, when the child wishes to constantly recline its head, keep the occiput pressed down on the nucha, or roll it about uneasily, when the eyes are sunken, turned up, the conjunctiva injected, the pupils either abnormally dilated or contracted, the sleep disturbed, often awakened by what appears as great pain or fright, emitting wild cries, moaning and distressed when awake, the fingers and toes flexed, the thumbs turned into the palms of the hands, deglutition difficult, the abnormal appearance of

the eyes remaining for some time after the paroxysms, stupor, paralysis, &c., we may conclude that the case is a most dangerous one, depending on disease of some part of the cerebro-spinal system.

Fortunately these very grave cases are not of frequent occurrence, as we are in most instances unable to guide them to a successful issue.

When depending on apoplexy, we may endeavor to restore the lost balance of the circulation and remove congestion by applying ice-water to the head, hot synapisms to the extremities, giving frequent small doses of calomel, administering ergot of rye, trying to abate the convulsions by bromide of potassium, chloral hydrate, assafœtida, injections, &c. Of course we should endeavor to sustain the patient by fluid nutriment by the mouth and rectum.

When connected with cerebro-spinal meningitis, a few leeches to the nape of the neck, the internal use of ergot and bromide of potassium, will probably afford as much benefit as any other plan of treatment yet advocated. Opiates have been warmly recommended by many good authorities, but it is likely that we have a better and safer remedy in chloral hydrate. Iodide of potassium and quinine have also many advocates, and the former may promote the absorption of any effusion that may exist, and the latter may prove useful as a tonic.

In cases arising from hydrocephalus, blisters to the nape of the neck, iodine to the scalp, mild and frequent doses of calomel and jalap, fluid extract of jaborandi, bromide and iodide of potassium, cod-liver oil, bromide and iodide of iron, will probably be the best treatment we can pursue.

The bold practice of tapping the head, withdrawing the fluid and injecting a solution of iodide has been successfully accomplished by Dr. Tournesco, of Bucharest.

When caused by the sudden drying up of any sup-

puration of the scalp. Dr. West advises the application of an ointment composed of one drachm of powdered ipecacuanha to an ounce of lard.

As before intimated these symptomatic cases are so little amenable to any system of treatment that we cannot look to them for any abatement of the mortality resulting from infantile convulsions; but we do most sincerely believe that the present fatality might be greatly lessened by a prompt and scientific course of remedial measures truly adapted to the exigensies of such of the very numerous sympathetic cases which so commonly and frequently occur. It will be generally admitted that a great majority of the cases of infantile convulsions coming under our supervision are those excited by any other affections, catarrhal fevers, indigestion and dentition, and yet these very numerous cases can in almost every instance be safely guided to a successful issue.by prompt and appropriate treatment. In cases caused by anginose affections, small doses of calomel and bicarbonate of soda will prove a most efficient remedy. If the pyrexia is very high a mixture of the bromide of potassium and green helebore will soon lower the fever heat.

R Potassium Bromide ℥i.
Tinct. Veratri Viridis, gtt. v.
Aqua. Pura ℥ii.
Sachari Albi ℥iii. Misce.

Sig. A teaspoonful every two hours until the pulse and temperature come down. In cases arising with catarrhal fevers this antipyretic and sedative mixture will be found most efficient and successful. The fluid extract of Jaborandi will be often used with great advantage in these catarrhal fevers, in subduing the irritative dryness and inflammatory tendency of the lining membrane, and promoting a needful diaphoresis. Hot baths will also do much good in these cases, being careful to

protect the little patient from cold drafts of air after their employment.

In cases excited by indigestion or the presence of crude matter in the alimentary canal, an emetic of ipecacuanha will at once suggest itself as the appropriate remedy. Indeed there is no one remedy in the whole range of therapeutics which will prove so generally beneficial as this. In many families where there is a tendency among the children to have convulsions in almost every case of fever, indigestion or derangement of the stomach and bowels, I am in the habit of instructing the parents to give ipecacuanha until free vomiting is produced; there is no danger to be feared from the depressing effects of an emetic in these cases, and when the spasms are excited by the causes named it is almost a specific.

Injections of assafœtida and tartrate of soda and potassa are also valuable adjuncts in the treatment of these cases.

Attack produced by indigestion, and the presence of crude and indigestible substances are often attributed to worms, and occasionally these entozoa may be the exciting cause; in such circumstances the various vermifuges adapted to the different species of worms should be resorted to. If the ascarides, a purgative of calomel, aloes and rhubarb, followed by enemata of tinct ferri et aq calcis; if the lumbricoid, a dose or two of spts. terebinth et ol ricini followed by vegetable tonics and tincture of iron; or if the tænia or tape-worm is the offending object, the male-fern, the kamella, pomegranate bark, kousso or the pumpkin seed will be indicated.

In all the forms of sympathetic convulsions there are perhaps none of more fatal augury than those arising in the beginning of scarlet fever, convulsions appearing in the advanced stages of any disease are always of evil portent, but they often occur at the commencement of other diseases and yet the cases get well, but in a con-

siderable experience of thirty-five years I cannot recall to memory any case of scarlet fever that recovered, which was ushered in by convulsions.

The great want of success in these cases demonstrates the inefficiency and utter impotency of the remedial measures commonly resorted to, and probably it is this want of success which has stimulated physicians in different parts of the world but particularly in Germany to inaugerate a new departure in their treatment.

For the past five or six years the physicians in many of the German hospitals, but more especially in Munich, have been treating eruptive fevers by the cold bath, and it is reported with eminent success. They seem to be guided solely by the degree of pyrexia present; whenever the temperature rises above 102° Fht. the cold bath is resorted to without regard to the eruption, they seem to have no dread of its retrocession if present, or of preventing its development if invisible, indeed in those apparently adynamic and asthenic cases, the cold bath is said to assist in throwing out the eruption. From a late number of the London Medical *Gazette* I see that Dr. Murphy resident physician to the London Childrens' Hospital, has for the past three years been freely employing the cold water baths in similar cases with most happy results.

Knowing that the accession of convulsions in the course of eruptive fevers has hitherto proved one of the opprobiums of therapeutics, and from the favorable reports of the success of the cold water treatment, this seemingly heroic remedy deserves a fair and full trial. In conjunction with the cold bathes, it might be well to give the bromide of patassium and green helebore mixture before alluded to, of course carefully watching the effect, omitting the mixture as soon as the pulse and temperature reach the natural standard. In all cases where there is great hyperpyrexia, this sedative and febrifuge mixture will prove invaluable. We would therefore ad-

minister it in those symptomatic cases where the patient was at all robust and the fever high and persistent.

In cases where the temperature is below 102 ° Fht. we would depend on bromide of potassium, chloral hydrate, leeches to the nape of the neck, assafœtida injections, &c.

1316 Olive St , November 1877.

PNEUMONIA.

Messrs. Editors. About twenty-one months ago I wrote and forwarded to the 'Journal' a short and imperfect article on the essential nature of pneumonia, claiming that it was identical with erysipelas, and suggesting that there should be adopted into the nosology a generic name covering both pneumonia and erysipelas. My reasons for regarding pneumonia no more as an inflamation of the lungs, than erysipelas as an inflamation of the skin &c. were then briefly given, and since such eminently scientific authors as Jurgaesen and Flint, now regard pneumonia as a fever, *per se*, as much so as typhoid fever, it is unnecessary, to undertake to prove that it is not in its essential nature inflammation of the lungs. For myself, I cannot conceive it necessary at this day, to argue that pneumonia is not a *simple* inflammation, and if it is a specific inflammation, it is what the local manifestation of erysipelas is in the skin—a specific inflamation of the skin. But I presume it to be unnecessary to prove that in erysipelas there is a constitutional condition underlying, preceding, causing, the specific local inflammation. Time or the want of it, rather, does not permit me now to discuss the identity of what we have heretofore deemed two entirely distinct diseases, and I can now do no more than ask the profession to consider the subject, observing the identity of the invasion, the duration, the decline, the self-limit, the temperature, pulse (making due allowance for the obstruc-

tion to æration of the blood, and the circulation in pneumonia,) the rapid asthma, the identity in effect of quinine, tinc. of iron, and of every therapetuic measure. Prof. Flint conceives that there is some resemblance between pneumonia and typhoid fever, but even cursory comparison will show a much closer resemblance, and, in fact a complete identity, between the two diseases, making due allowances for the difference in symptoms caused by difference of locality and organs involved.

I submit these suggestions to the profession trusting they will give them such consideration as the interest and honor of their calling may demand.

CHARLES T. REBER, M. D.

SHELLYVILLE, ILL., Aug. 27, 1877.

CORRECTION.

MESSRS. EDITORS. In the reported proceeding of the St. Louis Med. Society for Sept. 8th, the remarks attributed to me are so incorrectly reported that I feel compelled to disclaim their paternity.

I said it was not necessary to invoke epilepsy existing fourteen years before to explain the supervention of convulsions upon the reception of such a blow. He might have had convulsions or spasms independently of the pre-existing epilepsy; that the question of epileptic complication could only be determined with certainty after further observation.

In regard to apparitions I said: We should ascertain by ophthalmoscopic examination that illusions and hallucinations are not dependent upon local causes external to the brain, that when not so dependent, though not necessarily associated with mental observation, they had been found very frequent precursors of insanity etc.

In regard to delirium I said—too much or too little blood might cause it. Too much by compression, too little by starvation of the brain. In both cases there would be *mal*-nutrition and modification of the normal action of the cerebral cells.

I cited the case of Lord Castleraegh, but did not say Forbes Winslow cited it.

I have not time to further shape up the distorted phraseology attributed to me. Respecifully,

C. H. Hughes, M. D.

ON DR. DOUGHERTY'S ADDRESS.

Messrs. Editors:—In the November No. of the Journal I find in the "Annual Address" by Dr. W. W. Dougherty of Liberty, Mo., some things good and true, that are not new,and somethings new,that are not true; especially in some matters of "Medical Morals." Morals without truth would be like an acephalous monstrosity.

The appeal to "personal and sectional pride" is to say the least unscientific if not unprofessional. That students do not receive a single original idea that is worthy of their attention at the time, or of their remembrance afterwards" on the treatment of diseases with which they are preparing to contend, is to our personal knowledge *not true* but is simply rediculous to all who know the teaching east and west both. The writer may have some definite meaning attached to the expression "original idea" of which we may be ignorant. Would it not be a just inference that the original ideas of treatment of western diseases spring up in the West and must be learned there? Physicians educated in the East or in the West only *theoritically, instead of clinically* also, will always *be compelled to become their own practical teachers,*" and that too at the expense of their patients. "Med-

ical principles and medical practice" must be united else each will be lame and week. There are too many schools East and West and too little clinical study. This subject the Doctor has omitted entirely. Indeed we think by the time that the Doctor goes a little farther from the smoke of his own chimney he will have an opinion nearer correct of the professional teachers East and West; and he will understand the reasons of a want of unity among many members of the so-called regular profession, simply a want of character.

MEDICO.

THE ILLINOIS LAW CONCERNING THE PRACTICE OF MEDICINE.

I have before me a law passed by the last legislature of the State of Illinois, "To Regulate the Practice of Medicine." Another to "Create and Establish a Board of Health, consisting of seven persons, to be appointed by the Governor, with the advice and consent of the Senate." It is made the duty of this "Board of Health" to exercise a general supervision of the health and life of the citizens of the State "to attend to the rigistration of Births and Deaths." Quarentine—and other duties not necessary to mention here. Under the act "to regulate the Practice of Medicine." It is made the duty of the Board of Health, to examine the diplomas of all graduates in Medicine found practicing in this state. "If the diploma is found genuine and if the person named therein, be the person claiming the same. "the Board of Health shall issue its certificate to that effect signed by *all the members* thereof, and each diploma and certificate shall be conclusive as to the right of the lawful holder of the same to practice Medicine in this State."

"If not a graduate, the person practicing medicine in

this state shall present himself before said board for examination, which if satisfactory, the said Board shall issue its certificate of the fact, and the lawful holder of such certificate shall be entitled to all the rights and privileges of a Physician."

In section II. Any person shall be regarded as practising medicine within the meaning of this act, who shall profess publicly to be a physician, or who shall append to his name the letters, M. D., &c.

What views our legislators had when enacting this law I do not know. But that the Governor intended homeopathy and eclecticism to have representation on the Board of Health is well known; before the appointments were made. He assured the secretary of some eclectic medical society in the northern part of the state, that he would appoint representatives of three sects on the board.

We have here a law the effect of which is at once to lower the standard of medical qualifications in our State. On the Board of Health, consisting of seven persons, we have five physicians. One eclectic and one homeopathic gentleman, to any of these gentlemen any student can, or may, present his diploma and affidavit, "by letter or by proxy," and if found correct, certificates issue "the same as though the owner of the diploma was present." Now, as the law requires graduates to have "diplomas or licenses from *legally chartered* medical institutions in good standing," all that is necessary to place any person practicing medicine in this State on an equality before the law, is to present his diploma with affidavit to any member of this Board of Health. The diploma may have been issued by the best medical college in our country, or the world, or it may have been issued by any of the numerous abortions in the shape of medical colleges with which our country is cursed, eclectic, homeopathic or whatever they may be called, so they are "legally chartered," and the Board can make no distinction. A certificate of qualification to Drs.

Prince, Davis and Nardmer, urged by an eclectic and Homeopathic, would be a curiosity in the medical world, to say the least of it, while a certificate to graduates of eclectic and homeopathic schools, signed by the five eminent physicians on the Board of Health, or any of them, would also be a new departure in medical experience. That such is the fact, however, we must admit, that its operation will be detrimental to the best interests of humanity, is, in my opinion, beyond a doubt, for any act, legal or otherwise, that places on a par, imposture, treachery and legitimate medicine, must necessarily drag down the higher to the level of the lower standard. When a judge in Texas recently appointed on a Board of Health, a homeopathic physician in conjunction with several prominent medical gentlemen, physicians in fact, they, the physicians, refused to serve, giving as a reason "they would not and could not, in their senses, place the medical profession of the great State of Texas in conjunction with, and upon an equality with quackery. The London Lancet refused at once to entertain a proposition to affiliate with the homeopathists in any way, even when their leading men declared "they had long since abandoned the teachings of Hahnemann and had given up the infinitesimal humbug."

The Medical Gentlemen who have given this law of Illinois their countenence and support by accepting positions on the Board of Health, doubtless have good reasons for so doing, and in their wisdom may see their way clear to the end thinking the law a more in the right direction; I impugn not their motives, there may be good in the law that I cannot see. But if ever Quackery is abolished—the standard of medical education elevated—the health and best interest of society secured in a moral and physical sence, it will not be by regularly educated physicians assosiating and affiliating with every species of Quackery, that can temporarely secure the endorsement of a Governor judge or legislative body.

JAMES FARNAN, M. D.

Sparta, Illinois.

Proceedings.

ST. LOUIS MEDICAL SOCIETY.

Short hand report of the proceedings of a meeting of the St. Louis Medical Society held October 13th, 1877.

Dr. Wm. Porter, I met with an unfortunate case during the past fortnight—one of a class that may be prevalent during the present season. This was a case of most malignant diphtheria to which I was called by the physician in attendance, ten days ago. The child, three years old, a strong healthy male, had been to the Fair Grounds four days before, got wet, came home much excited and went to bed late. The next morning had sore throat, which a physician pronounced tonsilitis. A second physician was called in during the day and discovered the true nature of the case. When I saw the child (on the fourth day) the tonsils were swollen so that they almost touched each other and were covered with a thick exudation of a dirty grey color. This was on, and seemed to be imbeded in, the mucous membrane and adhered closely to the subjacent parts. I could see but a small part of the surface of the pharynx, which was also intensely swollen. Sulphurous acid was ordered at once both for internal and local use, and tonics were given from the first. The child was made to inhale the vapor from slaking lime, which soothed the irritation in the bronchial tubes and relieved the distress in breathing. During the night the child became worse and respiration was so difficult that I concluded to open the trachea. Dr. Mudd was called in consultation, who assented to this, but at the urgent request of the mother the operation was deferred till morning. The patient became easier however, and next morning after a lime-inhalation, an emetic was given

and large shreds of the membrane came away. From this time the membrane did not seem to progress downwards, and the swelling about the pharynx being reduced somewhat there was but little difficulty in respiration, and the voice was unimpaired. The exudation now showed itself at the nostrils and pus in small quantities came away from the puncta lachrymalia. Hemorrhage from the nose was a troublesome symptom in the case. The stools were similar to those seen in typhoid fever and the urine was loaded with albumen. On the sixth day the child gave evidences of blood poisoning and died on the tenth day. Disinfectants were used and sulphurous acid was given to the other children in the house—as it was impossible to send them away. So far there has been but the one case in the house. I cannot say that the child would have recovered had it had constitutional treatment from the first, but certainly it would have had a better chance.

Dr. Newman: This case belongs to Dr. Porter's specialty and as he spoke of constitutional treatment it might be important to know what is his treatment.

Dr. Porter: Much depends upon the character of the disease and the condition of the patient. There is no one prescription that can apply to every case. If the patient is pale weak and sinking under the quick absorbtion of poison tonic treatment is immediately indicated. Chlorate of potash iron and quinine in combination often do well. I use also for immediate effect quinine, carbonate of amonia and the compound tinct of bark. If the heart is beating rapidly and the temperature is excessive I have no hesitation in using digitalis or even veratrum viride at first. These are indicated where the disease is of a sthenic type and by relieving the tension, the patient's strength is reserved for a more critical period when the evidences of blood poisoning appear. I would seldom however use the veratrum, preferring in all cases of this kind (which are not common) the digitalis and

even this must be watched carefully. I think I have derived advantage from the internal administration of sulphurous acid, though this is difficult to determine and certainly is of little avail if the disease is far advanced. Inhalation of steam from slaking lime soothes the irritated mucous membrane of the bronical tubes, and I am sure, aids the removal of the false membrane just as it does in croup. To obtain any effect it should be used at least once in fifteen minutes for six or eight times and then at longer intervals.

Dr. Pollak.—Last year I had three cases of diphtheria in one family. One of them was in articulo-mortis when I called. The next one was a mild case, and under the same treatment as just mentioned, tonics and local applications, they got well. In addition I used carbolic acid with the steam from the lime. The other was that of a young lady. She came from the funeral of her brother who had died of diphtheria, and as she was feeling badly, stopped at my office on her way home from the funeral. Upon examination I found signs of diphtheria. There were patches on the tonsils which increased rapidly. The treatment from the first was quinine, iron and chlorate of potash, together with local treatment. I also used salicylic acid, but it did not do any good. The best effect was produced by iodine which detached the membrane from the patches, and it did not reappear. Of the urine *about one-half of it was albumen.*

She improved, sat up and went around. I thought she had recovered. There was no trace of an exudation, so I gave up the case. One day she got up about eleven o'clock, about twelve o'clock she wanted some coffee, she took the cup to her mouth and fell back dead. Death was due to embolism or paralysis of the heart. I could not otherwise account for the death. No post-mortem was made. The patient had constitutional treatment as well as local from the beginning. The membrane continued to reform

as rapidly as it was removed, and finally she died suddenly as just related. Her parents were not particular about being cleanly and used no disinfectants or proper precautions for the health of the child, but I thought she would recover. I have had no other cases since then, except during last April, when, in a healthy locality near Lafayette Park, I had three cases in the same family. One patient had two attacks, one in January and the second in March. I have never seen a case of diphtheria where there was not albumen in the urine. In every instance that I have tried them, the local applications amounted to nothing, and I have no faith in them whatever.

Dr. McPheeters.—As diphtheria is again occasionally occurring in our city, I hope that it will not be out of place for us to recommend our municipal authorities to guard against it. I shall not say much of the disease, but throw out some suggestions to our Health Department, urging them to do what is being done in that direction in New York and Chicago. In those cities the authorities have forbidden public burials where deaths have occurred from diphtheria and scarlet fever. Funerals are conducted very privately and without taking people to the houses where the deaths have occurred, and thus, in a great measure, the spreading of the disease is prevented. This same rule should be enforced here, and we ought not to permit the foolish custom of attending children's funerals where death has been caused by contagious diseases.

In Chicago, the Health Commissioner is an intelligent physician, and that city is *not cursed as we are here*. It is a gross outrage and insult to our profession to be controlled by a non-medical man. There they place a card on every house where there is a case of scarlet fever or diphtheria, just as they do with smallpox. The Commissioner asked me what I thought of the plan, and I replied that I saw no objection to it, and,

although there might be opposition to it, that I believed it was a wise sanitary measure, for the contagion of these diseases was as great as that of variola and fully as fatal.

Dr. Bryson.—I never see a case of diphtheria but what I am impressed with three things. One is the profound effect on the nervous system. Dr. Pollak reported one case to-night as fatal, I believe from paralysis of the heart, but the nervous impression was a marked feature. What has been indicated to my mind was that the inspiration was impeded. There is a difference not in expiration, but in inspiration, between the inspiration in this affection and normal conditions. The next is the condition of the heart. In a case of this kind the force of the heart should be watched. If the pulse is fast and weak, veratrum viride will not be out of place. We should look after the heart during convalescence. One of the cases of Dr. Pollak reminds me of a case of scarlet fever that I treated. When the child was getting on well, she was playing with her toys, paralysis of the heart came on and she died suddenly and unexpectedly. I believe if the child had kept quiet, she would have had a better chance to have lived. I hear that chlorate of potash is a remedy of high repute in diseases of the mucous membrane. There is, however, danger in large doses of chlorate of potash, on account of the vesical catarrh which is brought on by it. It is eliminated through the urine and thus irritates the kidneys. The urine is of a low specific gravity. I saw a case of a boy who was in the habit of wetting his bed every night. On the withdrawal of the chlorate of potash, that he had been taking, the trouble disappeared. It is a remedy not without danger. Dr. Jacobi mentions many cases of stone, due to large doses of this medicine. It is an irritating remedy, and care should be exercised in using it.

Dr. Scott : There is a tendency at present to throat troubles. I believe it to be somewhat epidemic

in its character. During the past week I saw four cases in the same district presenting the following symptoms. Sore throat, patches of a dirty ashen color, obstinate cough, difficult breathing, and high fever. In all of these cases I used iron, quinine and chlorate of potash. Notwithstanding what has been said against the use of nitrate of silver. I do not feel disposed to give it up. I have used it both internally and as a topical application in the treatment of throat effections. For three or four years I have applied it by means of cotton wrapped around an applicator, as in making application to the womb. I find this preferable to the sponge it must be thrown away as soon as used.

In that class of cases described by Dr. Pollak I should combine the iron with digitalis as he recommends, watching of course the action of digitalis. In most of these cases there is a low typhoid condition, and a tendency to paralysis which must be watched closely.

With children where there is much resistence I do not like to use the topical application but prefer the use of the sprey and should this be resisted I would use the iron quinine and chlorate of potash internally. I have never seen any ill effects from the use of the chlorate, perhaps because my attention has not been called to it. In Cronchial affections I use it ad libitum believing that we possess no remedy superior to it in these affections.

Dr. Newman. The constitutional treatment of diphtheria must be in accordance with the character of the disease. I believe that it is zymotic, and if so, I know of no more suitable remedy than quinine in a sufficient quantity to impregnate the blood. Drs. Pollak and Wm. Porter agree in their statement that there is always albumen in the urine. I am not prepared to say whether it is always present or not, but believe that it is. I have lately seen in the journals, and it did not occur to me before, that if albumen be abstracted from the system it would be desirable to supply it in the food,

for it is an important ingredient in the blood. I have no doubt of the efficacy of chlorate of potash as a remedy in this disease, and cannot reject it on account of what I have heard to-night. The experience of the profession favors its use and there must be some efficacy in it. I have never seen the injurious effect of it mentioned by Dr. Bryson, and my attention has not heretofore been called to it. It is so little soluble in syrup and water that it cannot harm children in reasonable doses. It is rich in oxygen and where suffocation is threatening from want of oxygen we should employ it as the most reliable internal remedy, for we will gain much if we can supply oxygen to the blood. I can't agree with Dr. Pollak as to the inefficiency of topical applications. Dr. Porter is correct in stating that we should do everything in our power to prevent the absorption of the poison into the system. I have heard great objections made by members of this society to the use of nitrate of silver locally, yet during the past five years some foreign authorities have recommended it highly who formerly opposed its use.

Dr. Newman. In our discussions upon this subject last year, special emphasis was made in condemning its use. I use it, nevertheless and am gratified at knowing, that recently one of the ablest physicians in Dublin, Dr. Kennedy, and other eminenent authorities endorse it as one of the very best remedies. I carry with me a vial containing finely pulverized nitrate of silver. I wet a small piece of cotton and then dip it into the powder until it becomes covered with it, and then apply it to the throat. There can be no doubt about the contagiousness of this disease, but there are very few persons of experience who will contend that it is so contagious as small-pox. Dr. Porter has just mentioned a bad case, where there were several other children in the house and but one took the disease. I would ask if a case of variola should occur in a family where the members of it

had not been vaccinated, how many would be likely to escape?

In regard to the local use of nitrate of silver, I would remind the members of this society, that we should not be too hasty in condemning remedies when opinions are different in regard to them. Some physicians still believe that the disease is purely a local trouble at first, but that the poison quickly contaminates the blood and the whole system. If the pulse be rapid, I see no good reason why digitalis should not be used, but never veratrum viride nor aconite. Ever since the idea was advanced by Fuller, that digitalis did not act as a depressant, but as a tonic, and gave both strength and tone to the heart, there could be no objection to its use in regulating the action of that organ. Another remedy that I have employed with satisfaction is chlorine, and I think that it acts better than carbolic acid. I have experienced great satisfaction from the use of chlorine water. It acts remarkably well when the disease invades the nostrils nothing can be more appropriate for injections into the nose.

Dr. Fairbrother.—Dr. Montgomery's paper (p. 631) is a good one and I was glad to listen to it. There was one point that occurred to me: the distinction between the severe and not severe, the dangerous and the inoffensive convulsions. We must rely chiefly on a history of the case. It is interesting to know when we come to a case whether there is danger or not. Some result in death, and some do not. We can't get the history of the case always; and there may be something which might concern our prognosis. There is one point made by Prof. Meigs, the condition of the pupils; depending on dilatation of the pupil for sympathetic spasm; and contraction of it for convulsion; having origin in the cerebro-spinal centre. It is based on the fact that the sympathetic nerve supplies the radiating fibres of the iris, while the cerebro-spinal supply the contractile fibres of the pupil. In

his causes of convulsions the doctor did not include malarial fever. It is a common cause over the river, one hundred cases or more occur every year. Almost every child with an attack of malarial fever has convulsions. They are sympathetic convulsions. They subside without danger. I have tried many remedies and found chloroform to be one of the very best. In those cases of closure of the jaws, where it is impossible to give medicine, death being imminent, chloroform acts like a charm, and when the convulsion is over I hardly do anything else.

Dr. Hughes.—Dr. Montgomery made no allusion to chloral-hydrate in the treatment of convulsions; if he did I failed to hear it. He might have simplified his treatment by advising that while the patient is in the warm bath, a suppository of soap should be inserted into the rectum for the purpose of thoroughly evacuating the bowels, and then that chloral-hydrate in suitable doses be given by injection until the convulsions cease. It has been my treatment of late years, and I am well satisfied with it. I think the best criterion for determining the severity of the convulsions is the significance or insignificance of its cause. Where a slight and transient cause, such as would not produce the phenomena in the average child, excites a severe convulsion, we may reasonably conclude that there exists an inherent and profoundly unstable condition of the nervous organization.

Dr. Prewitt.—I would like to ask Dr. Montgomery one question. The warm bath has been used immemorially. What is his experience with it in moderating or controlling the convulsion, or cutting it short?

Dr. Montgomery.—I have not much faith in the warm bath, I have more in the cold. As the doctor says, I have doubts of its moderating, shortening or preventing a return of convulsions.

Dr. Prewitt.—I asked this question because, in my ex-

perience, the child appears (sometimes) to be in a worse condition after than before the bath.

Dr. Gregory.—Remarks on Dr. Mudd's paper (p. 624). Dr. Mudd's paper is certainly a very able and interesting one, and his suggestions about opening the abominal cavity are wise, and the principle of surgery a sound one. In an ovarian tumor that I once tapped, I recollect when the trocar was introduced I felt that I might cut some blood vessel. In examining ovarian tumors, we find the sack full of large vessels, and one who taps a sack should be ready to open the abdomen and take up the vessel if it be injured. So that the allusion to opening the abdomen and taking up the vessel is sound doctrine. If we are certain in our diagnosis of diaphragmatic hernia, and we open the abdomen and reduce the hernia, the chances of success are not lessened, for, otherwise, death is inevitable from the constrictor.

Dr. Bryson.—Would it not lessen the chances of wounding the vessels by the use of the aspirator ?

Dr. Gregory.—I am in the habit of using a large trocar and even then the canula, becomes closed up. We don't accomplish anything with a smaller instrument, nor is the chance of injuring a vessel lessened.

Dr. Ford.—In relation to the suggestions of Dr. Bryson, and also those of Dr. Gregory, I would say that the point for tapping has much to do with hæmorrhage. I saw a case of ovarian tumor not long ago, it was about three months ago which was just becoming developed. It refused to have anything to do with it. The woman went down in the country and was tapped by some physician and died. The tumor should not be tapped through the hard portion, but through the soft. There is liabitity to be much hæmorrhage by using the trocar or aspirator through a hard part, more so than through thin and attenuated walls.

Dr. Hodgen.—I have had a little experience in punc-

turing and wounding blood vessels of the abdomen. I believe in the propriety of opening the cavity and securing the vessel. A case illustrating the point occurred to me some ten or twelve years ago. A woman had an enormous tumor which had been diagnosed a fibro-cystic tumor of the uterus. The abdomen was distended so much that diaphragmatic respiration was impossible. There are no infallible rules in regard to tapping; and I introduced the trocar in this case up near the umbilicus, pushed it in to a considerable distance, but did not strike the cyst. There was no fluid upon the withdrawal of the instrument and there was no hæmorrhage from the external opening of the wound. The woman began to sink rapidly, however, and I was soon satisfied that there was internal hæmorrhage to account for it. I enlarged the wound and found an artery spurting. I placed a pin under and tied it. And in view of operating for the removal of the tumor, I made a search in the cavity to find out the character of the tumor. I found it was a fibro-cystic tumor of the uterus. Had I not acted in the manner described, she would not have lived ten minutes. I took at least a pint of blood from the abdominal cavity. She lived a day or two. A post-mortem was made and the fibro-cystic tumor was found punctured. It appeared soft when I punctured. I thought it was when I did so. Had I gone into the sack and drawn the fluid off and removed the trocar, she would have died sooner, and I would not have searched for the vessel, because I would have supposed the symptoms were due to the drawing off of the fluid and I would not have suspected blood in the cavity.

Reviews and Bibliographical Notices.

THE EAR; Its Anatomy, Phisiology, and Diseases. A Practical Treatise for the use of Medical Students and Practitioners. By Charles H. Burnett, A. M., M. D., Aural Surgeon to the Presbyterian Hospital; Surgeon in charge of the Infirmary for Diseases of the Ear, Philadelphia. With forty-seven illustrations. Philadelphia: Henry C. Lea. 1877. 8 vo., pp. 615.

The author aims to produce a work on Otology that shall present clearly but concisely its present aspect. In part I. the author attempts to present a more thorough account of the Anatomy and Physiology of the ear than is afforded by the ordinary text-books, and he trusts the space (162 pages) devoted to their consideration will not be considered as excessive.

In the comparative anatomy and physiology of the external ear, we think either more or less should have been given. While mentioning that in the "sea-otter 'the ears are less than an inch in length' the animal being at least five feet long," it would have been as striking to mention that the ears of the long-eared bat are confluent above the forehead and as long as the body. If "in the water-shrew, the anti-tragus serves as an operculum to the auricle" equally striking is the fact that the tragus in some insectivorous bats is so developed as to appear like a second pointed ear standing inside the true one. While devoting so much space to the little prominence in the helix, noticed by Woolner the sculptor, ridiculed by Bree and others, and thought by Darwin to be in lower monkeys an upright point, it might have been mentioned that the lobule is peculiar to man, though rudimentary in the gorilla. The statement, on the strength of Schoebl's investigations, that "the auricles of the mouse

and of the hedgehog are developed into organs of touch" and that "in the mole variety especially, the nervous supply of the auricle is so rich and so peculiar in its development as to endow the auricles with valuable tactile powers," is somewhat misleading. Schoebl maintained that the distribution and arrangement of nerve terminations around the hair-sheathes, in the wing of the bat and in the nose and ears of the mole, hedgehog etc., is such that the hairs of these parts become tactile hairs or feelers, like, for instance, the "whiskers" of the cat. This interpretation of the terminal nervous arrangement is supported by the investigations of Boll. Stieda, from being misled as to Schoebl's views, thus controverted what Schoebl never claimed.

But these are not designed as weighty criticisms of a work the practical parts of which appear, from a hasty examination, to be up to the times, which, now, is a good-deal to say.

We think a brief chapter devoted to medico-psychological and medico-legal considerations, simulation of affections of the ears, and to hygiene of the ears, as in Bonnafont, would not be out of place for medical students. D. V. D.

Woods Physician's Vade-Mecum and Visiting List; Arranged and prepared by H. C. Wood, M. D., etc., etc. Philadelphia: J. B. Lippincott & Co. Copyright 1877, by J. B. Lippincott.

"This little pocket-book has been prepared at the instance of the publishers, because none of the similar works in the market have seemed fully to meet the want of the profession." It does not seem to us that the ideal visiting list has ever been published. This does not mean that we have any intention to ever attempt the task ourselves. The one before us is a good one. The diagrams of motor points of the muscles, taken from the author's work, on Therapeutics etc., are a convenience, as is also the table of doses, though it is

a shame for a scientific man, like Dr. Wood, to present a new book of this kind and omit the approximate metric doses, giving not even a table for ready conversion from the apothecary to the approximate metric dose. The tables are all useful. D. V. D.

Surgical Operations, with Cases and Operations; By J. Mason Warren, M. D. Surgeon to the Massachusetts General Hospital; Fellow of the American Academy of Arts and Sciences, etc. New York: Wm Wood & Co., 1867. 8 vo., pp. XV, 630.

This book has been kept back from sale for some family considerations, we believe, and even some of our best surgeons have never seen it. Much is the pity, for the volume is full of cases and observations of great interest. It contains several lithographs and chromo-lithographs illustrating cases. It should be in the hands of more of the fraternity. D. V. D.

Hospitals:—Their History, Organization and Construction; Boylston Prize-Essay of Harvard University for 1876. By W. Gill Wylie, M. D. New York; D. Appleton & Co., 1877. 8 vo., pp. 240.

Having been a surgeon on the resident house-staff of a large pauper-hospital with eight hundred beds, the author had an excellent opportunity for seeing the bad effects of poor nursing and defective construction on the welfare of patients; and afterwards he had an opportunity to see the good results of lessening the beds by two hundred in the same hospital, the introduction of trained nurses and the use of Lister's antiseptic dressings, though the faults of the unfit building were the same. With this experience, a summer spent abroad for the study of trained nursing and of hospital construction, and a continuance of the study at home, he has given us this work. It is what its title indicates, and does not attempt to give the details of internal management.

The first chapter attempts a history of the origin and development of hospitals and of their progress during the century of the American Republic, and the remaining chapters are devoted to the organization and construction of hospitals, their relation to pauperism, etc., etc.

It is a very difficult matter to review, in short, a work of any size on this subject, as the author's review of the "essays for the use of the St. Johns Hopkins Hospital of Baltimore" shows, the same being an appendix of sixteen pages at the close of his book. The differences of location, of present and probable needs, and many other circumstances too numerous to mention, will always leave the whole matter subject to discussion and difference of opinion. One thing is certain, a poor or defective hospital well managed, is better than a well-constructed hospital poorly managed.

There is much in the book that will well repay reading; and yet, we believe, every superintendent of any considerable experience and ability will turn from it to his work with the feeling that, after all, he must rely very much on general principles and himself in his own particular charge. D. V. D.

The Morphology of the Skull; By W. K. Parker, F. R. S., Hunterian Professor, Royal College of Surgeons; and G. T. Bettany, M. A., B. Sc., Shuttleworth Scholar, Caius College, Cambridge; Lecturer on Botany in Guy's Hospital Medical School. London, MacMillan & Co., 1877. 12 mo., pp. XV,368. [All Rights Reserved.]

Those who studied the archetype skeleton as taught by Oken, Owen, and other great anatomists before embryology had thrown its brightest rays into the field of anatomical structure, and who have neglected this study, feeling that they had a terminology for all time and for all forms of the vertebrate skeleton, will feel some chagrin if, perchance, they meet this little work—which is not so little after all. And we are not sure they will feel

much better when they learn that even here, so far as interpretations are put forward, they are given merely as honest endeavors, not as final judgements. Professor Huxley's views of the developmental history of the vertebrate skull are here amplified. We have not room in this brief notice to discuss the work, which, indeed, would first require a careful reading; but a cursory examination suffices to justify us in recommending it to the earnest student of morphology. The mere fact that it is issued from the press of MacMillan & Co., is almost enough to recommend it. D. V. D.

Physician's Pocket Case Record and Prescription Blank Book; with Visiting List 4th series 10th edition. By Robert Clark & Co., Cincinnati 1877.

This very simple and complete arrangement to preserve a record of all prescriptions written either at the office or at the bed side, has been before the profession long enough to be appreciated, and many prefer it to any other arrangement. The office case record is valuable to preserve the date, name, address, diagnosis, etc., also the stub provided to preserve a copy of the prescriptions. This arrangement is very convenient for men given to method or system, all men cannot or will not do this little extra work; for such Lindsay and Blackiston's visiting list may suit better; and with it use "Walshe's Physicians' Hand Ledger," as the most convenient and satisfactory method of keeping the account of servises rendered. This Ledger will be equally useful to all practitioners, every page is so ruled as to indicate every day of every month in the year, where the charge may be entered and finally carried out to make the aggregate amount for the year, a glance over this page shows the debtor on what days services were rendered, what kind of services and for which member of the family; which if correctly kept can't fail to be satisfactory.

Walche's pocket call book has twenty two pages of

printed matter, viz: A sign table, index, calender for 1878-79, table of the number of drops in a fluid drachm, Graduated table of administering Laudanum, table for regulating doses for children, also of common abbreviations, Poisons and their antidotes etc., etc. The arrangement is most complete throughout, and is bound to work its way to the breast pocket of a large portion of the profession. E.

Personal Appearance and the Cutlture of Beauty With Hints as to Character. By T. S. Sozinskey, M. D., Ph. D.

This Little jem of a book will be read with pleasure and profit by all lovers of the beautiful in nature or art. The publishers have given us a book quite in character with the theme. E.

A Text-Book of Physiology; By M. Foster, M. A., M. D., F. R. S., Prælector of Physiology and Fellow of Trinity College, Cambridge. London: MacMillan & Co., 1877. [All right reserved.] 8vo., pp. XVI, 569.

A clear, straightforward account and explanation of the main facts and fundamental principles of physiological science, by a scientific and professional physiologist. It has already found its place in the lists of text-books in our best medical and other colleges. D. V. D.

Books and Pamphlets Received.

The new Departure in Medical Teaching in the University of Michigan.

Physicians' Pocket Case-Record and Prescription Blank Book. Cincinnati, Ohio: Robert Clark & Co., 1875.

Physicians' Case-Record Ledger. Same as above.

The Virus of Venereal Sores, its Unity and Duality. By Freeman J. Bumstead, M. D., Philadelphia, 1876.

The Statement made in our November number concerning the remaining volumes of Ziemssen's Cyclopedia, were derived from a circular by the publishers enclosed in the sixteenth volume.

What Anæsthetic shall we use? By Julian J. Chisolm, M. D.

Guide to Therapeutics and Materia Medica. By R. Farquhson, M. D., etc. [For sale by Gray, Baker & Co.]

A Treatise on Gonorrhœa and Syphilis. By Silas Durkee, M. D. [St. Louis Book and News Company.]

A Compoend of Diagnosis in Pathological Anatomy. By Dr. Johannas Orth. [St. Louis Book and News Company.]

Origin and Progress of Medical Jurisprudence, 1776-1876. A Centennial Address. By Stanford E. Chaille, A. M., M. D., Philadelphia, 1876.

The Columbia Hospital and Lying in-Asylum. Its management. By A Citizen from Washington. 1877.

Walshe's Physicians' Combined Call Book and Tablet; Also Walshe's Physicians' Handy Ledger. Published by Ralph Walshe, M. D., 326 C street, northwest, Washington, D. C.

OBITUARY.

At the meeting of the St. Louis Medical Society held on the evening of November 10th, Dr. Wm. M. McPheeters submitted the following preamble and resolutions which were unanimously adopted:

The members of the St. Louis Medical Society having learned, with deep regret, of the sudden death of their former distinguished fellow member, Dr. Paul F. Eve, of Nashville, Tenn., which event occurred on the morning of the 3rd inst.—while in the discharge of his professional duties—take occasion to record their high appreciation of his character as a man and his valuable service as a physician by the unanimous adoption of the following resoluions:

1. In the long and brilliant professional career of Dr. Paul F. Eve, extending through a period of more than forty years, we have presented the bright example of one who, during all these long years, adorned a profession, which itself adorns humanity.

2. As a teacher, a writer and a practitioner of sugery —his chosen department—Dr. Eve has ever stood deservedly prominent amid a galaxy of distinguished cotemporaries, who by their learning and labors have shed lustre on the science and art of surgery and caused them to be known and respected throughout the civilized world.

3. Dr. Eve at one time resided in our midst and took part with us in the deliberations of this society. We had long known him by reputation, but it was only when we became personally acquainted with him that we learned to love him as the kind, sympathising, urbane warm hearted christian physician—and now that he has been gathered to his fathers in a ripe old age, we take pleasure in pointing to his noble self sacrifising devotion to his profession, not less than to the spotless purity of his character as worthy of imitation.

4. That these resolutions be spread on a memorial page of the record of this society, and that a copy of them signed by the President and Secretary be forwarded to the family of the diseased and published in the Medical Journals of the city.

J. M. Scott, M. D., President.
F. J. Lutz, M. D., Secretary.

VALEDICTORY.

With this number we retire from the conduct of the Journal, on account of failing health; believing it imperative to have relief from care and some rest from incessant work.

We transfer the charge to Dr. Thos. F. Rumbold, who has become proprietor and editor, with Dr. Hiram Christopher as associate editor. The former having been a frequent contributor to the columns of the Journal, is not unknown to our readers, and most heartily do we endorse and commend him and his associate to our patrons, hoping that the friends who have rendered us so important service, will continue their kind offices to the Journal as heretofore.

During our connection with the Journal the past *six years*, it has been our aim to conduct it in the interest of medical practice and the medical profession, and

it is but just to our patrons to state that the JOURNAL has never been more prosperous than it has the past two or three years, notwithstanding the "hard times."

For this prosperity we feel chiefly indebted to the friends of improvement of the medical profession who are in sympathy with our humble efforts in this direction.

To our collaborators and friends who have so often rendered timely and important aid, we tender sincere thanks. We may remind our indulgent readers that to assume new duties and serve them during our day, and resign them to successors more youthful and vigorous, is the course of nature to which we all must bow. We don't doubt the JOURNAL will be improved in all respects, and hope our subscribers will promptly renew their subscriptions and thus render more efficient this instrumentality of improvement of the practitioner and profession.

WILLIAM S. EDGAR.

Our connection with the ST. LOUIS MEDICAL AND SURGICAL JOURNAL as junior editor, ceases with this number. Almost immediately after our editorial duties commenced, unexpected and very onerous labors of another kind took possession of our time, and we have all along felt very sensibly and sensitively we were doing justice to neither ourselves nor the JOURNAL. In this respect our remaining on its staff at all, has been a matter of tolerance, probably on the part of both editors.

Though in no way connected with the financial management, and the remark will not make any amends for the JOURNAL in the immediate past even if it extenuate, still we feel it is only a good word for our successor and for subscribers, to say that though we understand the patronage of the JOURNAL is increasing despite its defects, yet prompt pay of subscription might have secured better typographical execution.

D. V. DEAN.

Meteorological Observations.

By A. WISLIZENUS, M.D.

The following observations of daily temperature in St Louis are made with a MAXIMUM and MINIMUM thermometer (of Green. N. Y.). The daily minimum occurs generally in the night, the maximum at P. M. The monthly mean of the daily minima and maxima added and divided by 2, gives quite a reliable mean of the monthl. temperature.

THERMOMETER FAHRENHEIT—NOVEMBER, 1877.

Day of Month.	Minimum.	Maximum.	Day of Month.	Minimum.	Maximum.
1	40 0	46.0	18	35 0	50 0
2	40.0	47.0	19	35 5	55.5
3	35 0	57.0	20	43 5	51 5
4	43.5	63 0	21	47 0	54 5
5	36.0	38.0	22	40 5	46 0
6	26.0	41.5	23	38 0	44 5
7	22.0	44 0	24	37 0	49 0
8	39 0	45 0	25	40 0	46 0
9	36.0	38.0	26	38 5	41 0
10	28.0	40.0	27	36.5	40 5
11	29 5	51.0	28	28.0	32.0
12	32 5	57 0	29	16 0	23 5
13	37.0	64 5	30	14 5	28.0
14	48.0	58 0			
15	49.5	58 0	Means	34.3	48 9
16	48.0	60.0			
17	43 0	56.0	Monthly Mean 42.6		

Quantity of rain: 3.39 inches.

Mortality Report.--City of St. Louis.

From October 20, 1877, to November 10, 1877, inclusive.

Pyæmia..... 2	Alcoholism 2	Apoplexy..... 7	Deaths by Accident 9	
Syphilis..... 3	ancer... 4	All Diseases of the Brain and Nervous System..... 21		
Diphtheria.....13	Phthisis Pulmon..31		Total Death from all Causes..... ..284	
Membranous Croup12	Bronchitis..... 4	Cirrhosis of Liver and Hepatitis... 15	Total ZymoticDiseases.....107	
Whooping Cough.. 3	Pneumonia 9			
Erysipelas 1	Heart Diseases. . 15	Enterititis, Gastro-En eritis, Periton itis, and Gastritis 13	Total Constitution al Disease.....47	
Typhoid Fever.... 9	A eurism..... 1			
Cerebro-Spinal Fev. 1	Marasmus—Tabes Mesenterica and Scrofula 11		Total Local Dis.,.105	
Remittent, Int r- m ttent, Typho-Malarial, Congestive and Simple Continued Feve s,25	Hydrocephalus and Tubercu ar Meningitis,..... 1	Bri ht's Disease and Nephritis 3	To all Developmental Disease..... 14	
		Cyanosis and Atelec as s..... 1	Deaths by Violence 11	
Puerperal Diseases.	Meningiti and Encephalitis..... 6	Prematureand Preternatural Birth. 9		
Dia rhœ l Diseases 8	Convulsions..... 8	Deaths by Suicide. 2		
Inanition, Want of Breast Milk, e tc..23				

CHAS. W. FRANCIS, *Health Commissioner*.

THE

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AND

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1877.

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WYETH'S DIALYSED IRON.

FERRUM DIALYSATUM.)

A Pure Neutral Solution of Peroxide of Iron in the Colloid Form.
The Result of Endosmosis and Diffusion with Distilled Water.

PREPARED SOLELY BY

JOHN WYETH & BRO.,

PHILADELPHIA.

This article possesses great advantages over every other ferruginous preparation heretofore introduced, as it is a solution of Iron in as nearly as possible the form in which it exists in the blood. It is a preparation of invariable strength and purity, obtained by a process of dialysation, the Iron being separated from its combinations by endosmosis according to the law of diffusion of liquids. It has no styptic taste, does not blacken the teeth, disturb the stomach, or constipate the bowels.

It affords, therefore, the VERY BEST mode of administering

IRON

in cases where the use of this remedy is indicated.

The advantages claimed for this form of Iron are due to the absence of the free acid, Which is dependant upon the perfect dialysation of the solution. The samples of German and French Liquor Ferri Oxidi Dialys., which we have examined, give acid reaction to test paper. If the dialysation is continued sufficiently long, it should be tasteless and neutral.

Our Dialysed Iron is not a saline compound, and is easily distinguished from Salt of Iron, by not giving rise to a blood-red color on the addition of an Alkaline Sulpho-Cyanide, or a blue precipitate with Ferro-Cyanide of Potassium. It does not become cloudy when boiled. When agitated with one part of Alcohol and two parts of Ether (fortior), the Ether layer is not made yellow.

Physicians and Apothecaries will appreciate how important is the fact that, as an antidote for poisoning by Arsenic, Dialysed Iron is quite as efficient as the Hydrated Sesquioxide (hitherto the best remedy known in such cases) and has the great advantage of always being ready for immediate use. It will doubtless be found in every drug store to supply such an emergency.

Full directions accompany each Bottle.

In addition to the Solution, we prepare a Syrup which is pleasantly flavored, but as the Solution is tasteless, we recommend it in preference; Physicians will find our **Dialysed Iron** in all the leading Drug Stores in the United States and Canada.

It is put up in bottles retailing for **One Dollar**, containing sufficient for two months treatment, Large size is intended for hospitals and dispensing, Retail at 3.00.

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DEFRESNE'S PANCREATINE, the active principle of the pancreatic juice, is a most important remedy in a great many cases of **Indigestion, Atony** of the digestive organs, and various forms of **Dyspepsia, when Pepsine and other remedies have failed.**

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The dose of Pancreatine is 5 to 15 grains, according to the nature of the case, taken before or during meals. *It is sold in bottles containining Half or One ounce.*

The following **Preparations of Pancreatine** are also offered:

PANCREATINE PILLS, containing 4 grains each.

PANCREATINE WINE and **ELIXIR,** given in doses of one or two tablespoonfuls.

PANCREATIC EMULSION OF SOLID FAT, fresh and sweet, representing fat perfectly emulsified and ready for immediate absorption.

Mr. Defresne having made Pancreatic preparations a subject of special study for several years, has succeeded in obtaining them in great perfection, and hence they are recommended as superior to similar preparations heretofore offered.

Ferro-Manganic Preparations
OF BURIN Du BUISSON.

The superiority of *combinations of the Salts of Iron and Manganese* over those of *Iron* have been fully established by the experiments of Dr. Petrequin. The following *Ferromanganic preparations*, approved by the Imperial Academy of Medecine of Paris, have been originated by Mr. Burin Du Buisson in accordance with these experiments, and are confidently recommended to the medical profession as replacing advantageously all medecines having iron as their base, especially in *chloroanæmia, chlorosis, and all affections caused by the poverty of the blood*:

Ferromanganic Powder, for effervescing water.
Carbonate of Iron and Manganese Pills.
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Pills and Dragees of the Proto-iodide of Iron and Manganese.
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Grimault's Indian Cigarettes,
Prepared from the Resin of Cannabis Indica.

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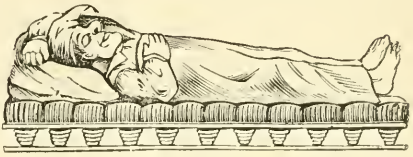
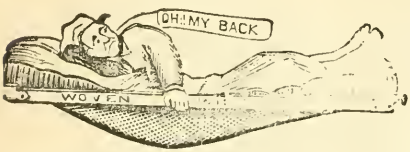


A bed like this



will throw the body out of shape, cause pains in the back and spinal disease.

We call the attention of Physicians to these facts, and by all Physicians who have examined our bed, it is pronounced the best bed made for the sick. It is ventilated, hence cool; superior to the water bag for the sick, as it prevents bed sores, by *distributing the bearing of the body equally on the bed.*

We will supply these beds to Physicians for their bed ridden patients on trial, and not to be paid for unless they are satisfactory.

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Supt. and Physician.

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CITY OF NEW YORK.

SESSIONS OF 1877-'78.

The Collegiate Year in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring session,

The Preliminary Autumnal Term for 1877-1878 will open on Wednesday, September 19, 1877, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

The Regular Session will commence on Wednesday, October 3, 1877, and end about the 1st of March, 1878.

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Matriculation fee	5.00
Demonstrator's Ticket (including material for dissection)	10.00
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Matriculation (Ticket good for the following Winter)	$ 5.00
Recitations, Clinics and Lectures	35.00
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This Oil is manufactured by us on the sea-shore with the greatest care, from fresh, healthy Livers of the Cod only, without the aid of any chemicals, by the simplest possible process and low st temperature by which Oil can be separated from the cells of the Livers. It is nearly devoid of color, odor and flavor—having a bland, fish-like and to most persons, not unpleasant taste. It is so sweet and pure that it can be retained on the stomach when the other kinds fail, and patients soon become fond of it.

The secret of making good Cod Liver Oil lies in the proper application of the proper degree of heat; too much or too little will seriously injure the quality. Great attention to cleanliness is absolutely necessary to produce sweet Cod-Liver Oil. The rancid Oil found in the market is the make of manufacturers who are careless about these matters.

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Cod-Liver Oil, with Iodine, Phosphorus and Bromine. This combination represents Phosphorus, Bromine, Iodine and Cod Liver Oil, in a state of permanent combination, containing in each Pint: Iodine, eight grains; Bromine, one grain; Phosphorus, one grain; Cod-Liver Oil, one pint.

Cod-Liver Oil, with Phosphate of Lime. This is an agreeable emulsion, holding three grains Phosphate of Lime in each tablespoonful.

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1 *grain per* 100,	$ 75.
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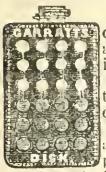

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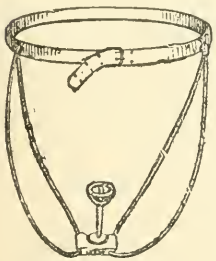

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☞ This important fact must be remembered: There are many Beef Extracts in solid form, but they only act as nutritives, whilst the Liquid Extract combines many other important qualities that make it at the same time a nutritive, tonic, stimulant and alterative.

This remedy is put up in pint bottles, requires no preparation, (like the Solid Extract); and is, moreover, pleasant to take.

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DIALYSED IRON,

OR

PURE PEROXIDE OF IRON,

IN SOLUTION, WITHOUT THE AID OF ACIDS OR OTHER SOLVENTS.

It is nearly tasteless, does not blacken the teeth, is very readily absorbed, will not constipate, nor cause any disturbance of the digestive apparatus, and is tolerated by persons who could not support any other preparation of iron. It is offered in the form of a **solution,** which is generally preferred; or of an **elixir,** when a slight stimulant is desired.

BLANCARD'S PILLS

OF UNCHANGEABLE IODIDE OF IRON.

Blancard's Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired a so well deserved favor among physicians and pharmaceutists. Each pill, containing one grain of proto-iodide of iron, is covered with finely pulverised iron, and covered with balsam of tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, and a green label on the wrapper, bearing the fac-simile of the signature of *Blancard* *Pharmacien, No. 40 Rue Bonaparte, Paris.* without which none are genuine.

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DEPURATORY SYRUP AND DRAGEES,

Of Iodised Deuto-Iodide of Mercury.

These preparations have been approved by the Academy of Medicine of Paris, and have been thoroughly tested in the hospitals of Paris in the treatment of *Syphilitic, Scrofulous* and other affections requiring the use of iodised remedies.

They are recommended for the utmost accuracy of composition, and their perfect preservation.

Prepared by VAUQUELIN-DESLAURIERS, Chemist, Paris.

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SULPHATE OF CINCHONIDIA.

The present high price of SULPHATE OF QUINIA, which seems likely to continue for two or three months to come, will cause more attention to be paid to the other alkaloids of the Cinchonas—particularly in view of their great comparative cheapness.

We learn from reliable sources that in the year 1866, the Madras Government appointed a Medical Commission to test the respective efficacy in the treatment of fever, of Quinia, Quinidia, Cinchonia and Cinchonidia. From the report, it appears that the number of cases of paroxysmal malarious fevers treated was 2472—namely, 836 with Quinia, 664 with Quinidia, 569 with Cinchonia and 403 with Cinchonidia. Of these 2472 cases, 2445 were cured and 27 failed. The difference in remedial value of the four alkaloids may be thus stated—

QUINIDIA---Ratio of cure per 1000 cases,				994
QUINIA	"	"	"	993
CINCHONIDIA	"	"	"	990
CINCHONIA	"	"	"	977

to which we can add that the article has been tried in this country by upwards of **eighteen thousand physicians**, and that the testimonies we have been daily receiving during the last two years, agree with **remarkable unanimity** in placing this remedy side by side in efficacy with Sulphate of Quinia.

It may be expected that the increasing demand for it will, in the course of time, cause it to approximate more closely in price to Sulphate of Quinia.

The few who might possibly hesitate to use the comparatively new salt of Sulphate of Cinchonidia, have still Sulphate of Quinidia to fall back upon.

POWERS & WEIGHTMAN.

PHILADELPHIA, March, 1877.

THE IMPROVED TROMMER'S EXTRACT OF MALT.

This extract is from the best Canada Barley Malt, by an improved process which prevents injury to its properties by excess of heat. It is less than half as expensive as the foreign extract; it is also more palatable, convenient of administration, and will not ferment.

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Prof. of Chemistry, University of Michigan, Ann Arbor.

TROMMER EXTRACT OF MALT CO.:—I enclose herewith my analysis of your extract of Malt:

Sugar (Glucose,) 4 61; Dextrine, Hop-bitter, Extractive Matter, 73.6; Albuminous Matter (Diastase), 2 469; Ash—Phosphates, 1.712; Alkalies, 0.377; Water, 25.7; Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœia, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article. Yours truly, SILAS H. DOUGLAS.
Professor of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat producing materials.

By many American physicians, and among others, by such foreign authorities (German, French and English), as Niemeyer, Trousseau and Aitken, the Malt Extract is extolled in the treatment of impaired, difficult and "irritable" digestion, loss of appetite, sick headache, chronic diarrhœa, cough, bronchitis, asthma, consumption, the debility of females, and of the aged, in retarded convalescence from exhausting diseases, and indeed most all depressing maladies, in which it has been found very sustaining and strengthening, and admirably adapted for building up and invigorating the system. It is often well borne by the stomach when every kind of food is rejected, thus actually sustaining life.

The presence of a large proportion of DIASTASE renders it most effective in those forms of disease originating in imperfect digestion of the starchy elements of food.

A single dose of the Improved Trommer's Extract of Malt contains a larger quantity of the active properties of malt, than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or in water, wine, or any kind of spirituous liquor. Each bottle contains ONE AND ONE HALF POUNDS of the Extract. Price $1.00.

In addition to the Extract of Malt with Hops, the attention of physicians is invited to the following combinations:

Improved Trommer's Extract of Malt—"FERRATED."—Each dose contains four grains of the Pyrophosphate of Iron. Particularly adapted to cases of Anæmia. Price $1.00.

Improved Trommer's Extract of Malt—"with CITRATE OF IRON AND QUINIA."—Appropriate where Iron and Quinine are jointly indicated. Very beneficial in the anæmic state following autumnal fevers, in chlorosis, enlarged spleen, carbuncles, boils, etc. It is a pleasant tonic, the bitter taste being very effectually disguised. Each dose contains four grains of the Citrate of Iron and Quinia. Price $1.50.

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Of Proto-Chloride of Iron.

"The experiments made in the hospitals of Paris have demonstrated that *Dr. Rabuteau's Dragees, Elixir and Syrup* regenerate the red globules of the blood with a rapidity never observed with the use of the other ferruginous preparations. These results have been proved by the various *Compt-Globules.*

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Of Bromide of Camphor.

"These remedies are prescribed when it is necessary to produce an energetic sedation on the circulatory system, and particularly on the nervous cerebro-spinal system.

"They constitute one of the most energetic *anti-spasmodic* and *hypnotic* medicines."—*Gazette des Hopitaux.*

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Dr. Clin's Capsules contain 4 grains, and the Dragees 2 grains, of genuine Bromide of Camphor.

N. B.—*Dr. Clin's Gluten Capsules* are very rapidly dissolved in the stomach, and should be preferably employed for a long treatment, and when the administering of Bromide of Camphor at a great dose would be considered as beneficial.

Prepared by CLIN & CO., Pharmacists. Paris.

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A COMBINATION UNITING THE PROPERTIES OF

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This preparation, which has been used with great success in the hospitals of Paris, since 1868, is adapted to the treatment of all diseases requiring the administration, in a small volume, of a tonic able to stimulate and support the vital forces, as *Pulmonary Phthisis, Depression* and *Nervous Debility, Adynamia, Malarious Cachexia,* etc.

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Prepared by DUREL. Pharmacist, Paris.

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It is sold by chemists generally, and by

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